

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9/23/02

Address: 4092 E 9th 625 South

Case #: 52445753

Shelbyville IN
46176

County: _____

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

☒ Lithium/Ammonia Reaction(s): Reaction Vessel

☐ Red Phosphorous/Iodine Reaction(s): _____

☐ Flammable Solvents: _____

☐ Water Reactive Metal (Lithium): _____

☐ Anhydrous Ammonia: _____

☐ Hydrochloric Acid Gas Generator(s): _____

☐ Corrosive Acid: _____

☐ Corrosive Base: _____

☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes 2 (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Property Owner

This report is to be faxed to the following agencies that serve the location:

Fire Department: Valmora VFD

Fax: 765-525-7155

Health Department: SCAD

Fax: 317-398-6661

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Ayers

Phone 812-671-5000

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.